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REGISTRAR

RIT 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY Whlle Not while at work at work. 2 22. I hereby certify that I attended the deceased from 0 . 19 , that I last saw the deceased B M, from the causes and on the date stated above. D alive on that death occurred at orrect AL SIGNATURE ADDRESS DATE SIGNED.

218. PLACE (Home, farm, factory.

23. BURIAL. CREMATION. NAME OF CEMETERY DATE REMOVAL (SPECIFY) DATE REC'D LOCAL REGISTRAR

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.

21A. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

CREMATORY

21c. WHERE DID (City or town)

INJURY OCCUR?

(County)

(State)

(State)

JUL IS 1955

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PLEASE WRITE PLAINLY WITH age is especially important.

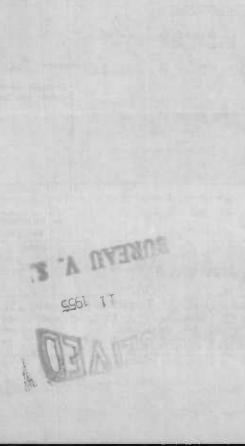
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6460	06468
MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 52
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Calvery MARYLAND	STATE Ma COUNTY Calvert
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Structure to the corporate limits, write RURAL (in this place)	CITY (If optside corporate limits write RURAL and give nearest town) OR TOWN TOWN TOWN X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If reral, give location)
3. NAME OF (First) (Middle) (Type or Print) (Laymond Lawn)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (LIM 3 1955
5. SEX: 6. COLON OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, (Specify): Married	E OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 1
10a. USUAL OCCUPATION (Give kind of work done during post of work life, even if retired):	R II. BIRTHPLICE (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME: Sirall	Mary Evelyn Harner
15. WAS DECEASED FYEL IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) (11/res, give war or dates of 2 2 4 2 -4/2 -4/86)	17. INFORMANT & ADDRESS:
	To May more C. Durace your present
	AL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 1	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 127.8 Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, (h)	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 1	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 127.8 Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, (h) giving rise to the above cause DUE TO	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF OPERATION: 21b. PLACE Home, farm, factory OF Street office bldg., etc.	20. AUTOPSY? Yes \(\text{No No Notate} \) (County) (State)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? Yes \(\) No
Immediate cause (a) (b) Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street office bidg., etc. (INJURY) 22. I hereby certify that I took charge of the remains described.	20. AUTOPSY? Yes \(\) No \(\) (County) 21c. (Sity or twn) (County) (State) 21c. How did no Autopsy \(\), Inspection \(\), Inquiry \(\), and
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) OF STREET, at my factory OF STREET, at my factory OF STREET, at my factory OF INJURY 21d. TIME (Month) OF INJURY 21d. M. Work At work	20. AUTOPSY? Yes \(\) No \(\) (County) 21c. (Sity or twn) (County) (State) 21c. How did no Autopsy \(\), Inspection \(\), Inquiry \(\), and

23. BURIAL, CREMATION, REMOVAL (Specify): REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REG

24. FUNERAL DIRECTOR

ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6461

Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

UNFADING INK.

PLEASE TYPE OR WRITE-PLAINLY, WITH

10

VS. A15

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY CARREST. MARYLAND	STATE Manyland County Calvest
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYII outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this place)	OR
X TOWN Sunderland	TOWN Tunderland X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
	MEN DEATH: 7 - 6, 1965
5. SEX: 6. COLOR OR 7. SINGLE MARRIED 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRE
(Specify);	equet 11 60 yrs. Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	
work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
Carpenter Laborer	maryled U.S. B.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
That known	Eliza delaon
S. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. BOCIAL SECURITY NO. Yes, no, or unk. (11 Yes, give war or dates	17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, kive war or dates 220-16-4276	Edith Ennis Suiderland, md.
18. MEDICAL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
1120.1	
IMMEDIATE CAUSE (A) COMMAN	my Sprennfours
DUE TO	
ANTECEDENT CAUSE (8)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C)	99
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	#
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Min in a Chan
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N /
TO SHAPE OF CHERTION	Zo. Autopsy
	YES NO
PIA. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
FINJURY 739 6 5 F 93 M. While at work at work	
22. I hereby certify that I attended the deceased from	, 19 , to , 19 , that I last saw the decease
alive on 19, and that death occurred at	9 DM from the vouses and on the date stated above
SIGNATURE	9. P. M. from the causes and on the date stated above.
HIMAGEN DIN	1/10 1 red : 7/7/5/-
	D. O WING CONTROL STATES
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (State
7-9-65 mit A	1 Nope Sunderland mi
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRAR (1) (1)	P. Z. Cowell Prince Frederick, mo
1-9-17 14.00. Wara	The second frances of the second is the

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Reg. Dist.

MARTEARD STATE DELARIMENT OF	indicate in the state of the st	a s
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 51
1. PLACE OF DEATH:	2. USUAL RESIDENCE (MOME) OF DECEASED:	1 1
COUNTY Cloud MARYLAND	STATE COUNTY	hat
OR and give nearest jown) TOWN CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits write BURAL a	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give locatio	n) /
3. NAME OF DECEASED: (First) (Middley Feri	(Cast) Ja. A. DATE (Month) (I	Pay) (Year) 6 1933
RACE: WIDOWED RIVERCED, (Specify):	OF BIRTY! 9. AGE last birthday: IF UNDER Months yrs.	Days Hours Min.
work dope during most of work life INDUSTRY:	R 11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHA
13. FATHER'S NAME: Pentin &	14. MOTHER'S MAIDEN NAME:	
Th. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wnr or dates of service)	17. INFORMANT & ADDRESS: My De Levilen Je	
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 1	disease	ONSET AND DEATE
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	donf in hel at 9	for
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	V	20. AUTOPSX?
		Yes No N

MARGIN RESERVED FOR BINDIN UNFADING INK. Physicians: please important. WRITE PLAINI ge is especially PLEASE

find SIGNATA

Supply every item of information carefully. The correct write the causes of death clearly and legibly.

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home farm, factory, OF street office bldg., etc. INJURY 21e. INJUNY OCCURRED 21d. TIME (Month) (Hour) While at Not while at work OF work INJURY 22. I h

21f. HOW DID INJURY OCCUR?

21c. (City or town)

that shows hald on Automore I

(County)

				, neid an Addopsy [], mapecu	
that death	resulted from:	Natural causes	Accident [],	Suicide [], Homicide [], U	ndetermined cause
TRE /	2 / 1			CHIEF MEDICAL EXAMINER	
LW	Wand	plen &	м. р	DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	7/16/5

23. BURIAL, CREMATION, REGIOVAL (Specify): CEMETERY OR CREMATORY DATE THEREOF NAME homon DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

(State)

(State)

LOCATION (City, town, or county)

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DEX 130 18

	646 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	CERTIFICATE OF DEATH Reg. Dist. No. 51	
· X	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
legibly	COUNTY Cabat would be a first	
l le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL, and give percent	town)
and	X TOWN SY Les naido (in this place) OR TOWN SY Les naido X	,
learly	HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural give location)	
death clearly	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year (Type or Print)) OF DEATH: July 2, 195	
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24	
causes	10A USUAL OCCUPATION (Give kind of working life. oR INDUSTRY: even if regired): 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF V COUNTRY?	VHAT
the	13. FATHER'S NAME:	-
	? Pitcher ? Bowen	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
ease	How of service) To be Thomas Headeste, St. Remards U	ul
plea	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	WEEN
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ns	IMMEDIATE CAUSE (A) Corohan Charles	
icia	ANTECEDENT CAUSE (S) DUE TO	
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
nt.	W OTHER SIGNIFICANT CONDITIONS	
important	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
upo	DISEASE OR CONDITION CAUSING DEATH	
	20. AUTOPS YES NO	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County) (State)
is es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?	
age	22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the dece	ased
correct a	alive on the date stated above. SIGNATURE SIGNATURE M. D. M.	
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (CO. A	-

OR WRITE PLAINLY, WITH PLEASE TYPE - 10 - 53 A15-

VS.

MARGIN RESERVED FOR BINDING

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Supply every item of information carefully. The

DATE SIGNED M. D (State)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATORY DATE LOCATION (City, town, or county)

REGISTRAR'S DATE REC'D BY LOCAL

ADDRESS

5561 9 701

OR A TE OR A

FEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7,9,11,18,21:22 Films Items

CERTIFICATE OF DEATH

السائل الساسل		FOR MEDICAL	EXAMINERS	Reg.	Dist. No.
OR give nearest	vert	MARYLAND AL and LENGTH OF STAY (In this place)		orate limits, write RURA	D. COUNTY Calvert L and give nearest town)
HOSPITAL OR	R Chesphools	Beach (bay)	TOWN Chesa;	oeake Beach (If rural, give lo	cation)
INSTITUTION OF					*
3. NAME OF DECEASED (Type or Print)	(First) GLADYS	(Middle) HINE		OF DEATH	onth) (Day) (Year) July 30 1955
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct 7, 1926	35 28 yrs.	If under 1 year If under 24 hrs Months Days Hours Mis.
done during most of which housewif	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Prince George		12. CITIZEN OF WHAT
Vm. C. Wi	Œ		Rachel Huff	N NAME	
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	Frances Hi		
Anteceder Diseases or giving rise to stating the u	nl cause(s) conditions, if any. to the above cause inderlying cause last (c) (CANT CONDITIONS uting to the death but not	Drowning			INTERVAL BETWEEN ONSET AND DEATH
	se or condition causing deat RATION 19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CA PRIMARY MOR CO CAUSE OF DEATI TIME (Month) OF INJURYJULY	ONTRIBUTING OF INJU (Day) (Year) (Hour)	CE (Home, farm, factory, street, office, bldg., etc.) RY (CIESADEAKE BAY INJURY OCCURRED While at Not while work at work	Chesapeake B How DID INJURY O Waded into wat	each C.	OUNTY) (STATE) alvert Md.
obtained by sai	d Autopsy/Inspection of causes , accident	ins described above, held an A Inquiry, find that said dece. suicide X, homicide , (Degree or title) Ass't. Medical Example NAME OF CEMETER Mt. Harmony	undetermined ADDRESS miner-700 Flee	led above, and death	DATE SIGNED 2,Md. 7/30/55 Gor county) (State)
DATE REC'D BY	July 31. REGISTIONS		24. FUNERAL DIRECT		ADDRESS

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6465

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Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

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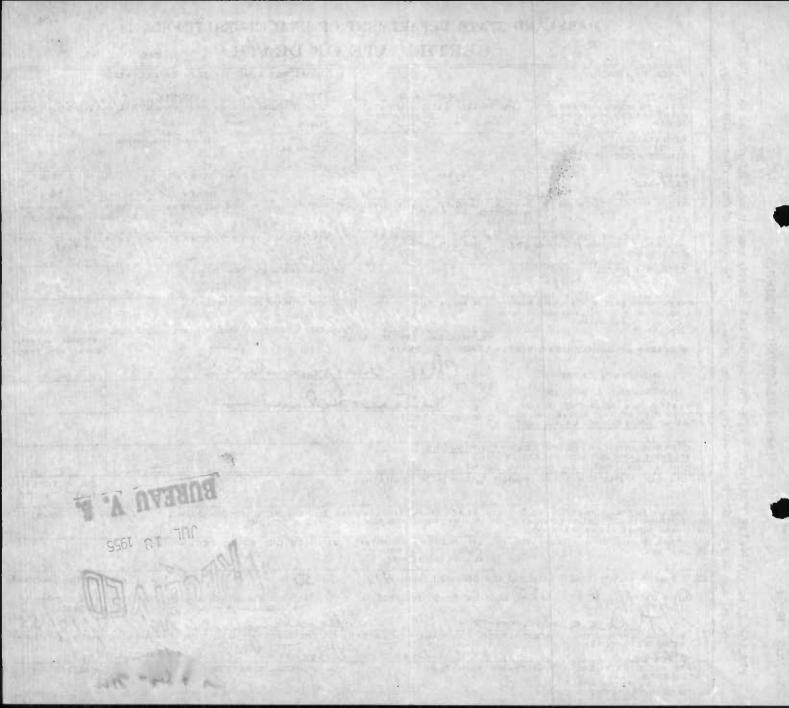
PLEASE

VS. A15-10-53

CERTIFICATE OF DEATH

eg Dist No 5

OTOU CENTIFICATI	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Cabrel MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	22-1
COUNTY CALFELY MARYLAND	STATE Mg COUNTY Calvert
OR and give mearent town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITYIIf outside corporate limits, write RURAL and give nearest town)
X TOWN and give rearest town) (in this place)	TOWN adelina X
	STREET (If rurai give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED:	Do OF
(Type or Print) Armed 18. DATE	DEATH: July 10, 1955
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthous IF UNDER 1 YEAR IF UNDER 24 HRS.
(Specify): 10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS volk done during most of working life. Waltrungu	7 1875 79 yrs. Wenths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	M. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT
Renyif retired):	Calvert County Ind WONTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
(Milelander) 71	/ 2 1
Mujander Hosper	mary trances Busternaster
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
120 of service) 20 220-16-46/8	My John W. Hopes - adeling, mot
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(Ch. 110	es a solle.
IMMEDIATE CAUSE (A) DUE TO	Cache
ANTEGEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIF TO	relieus.
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 21F. HOW DID INJURY OCCUR?
OF INJURY While Not while	21F. HOW DID INJURY OCCURY
M. at work at work	7/
22. I hereby certify that I attended the deceased from 4/1	, 1950 to // , that I last saw the deceased
alwoon 7/6, and that death occurred at	
SUPETIME!	ADDRESS A DATE SIGNED
M Denny	other hol 7/10/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or equinty) (State)
REMOVAL (SPECIFY)	Considered Barstow Calret 15- ned
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS.
REGISTRAR	C. B The Land & Com - mit of The
1-12-07 1 N.W. Ward	and there is the state of the



	e)	MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	06475
11	. The	6468 CERTIFICATE	OF DEATH Reg. Dist	No. 51
B	efully.	1. PLACE OF DEATH:	. USUAL RESIDENCE (HOME) OF DECEASE	D. Da
3	tion careful and legibly	COUNTY MARYLAND CITY (If outside corporate limits, write BURAL) LENGTH OF STAY	CITY (If ourside corporate limits, write RURAL a	nd give nearest town)
	tion	TOWN (in this place)	TOWN Mappen Mostlesso	16x-2
1	m of information carefully death clearly and legibly.	HOSPITAL OR CHINT STREET ADDRESS CHINT	STREET (If rural give location)	/
M	of in	3. NAME OF (First) (Middle) (Las	OF 7	Ony) (Year)
	item of dea	(Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF WIDOWED DWORCED. (Specify)	Months D	1955 EAR IF UNDER 24 HRS. Bays Hours Min.
ප	causes	10A. UST AL OCCUPATION Give kind of 108 KIND OF BUSINESS 11 world done during most of yorking life.	BIRTHPLACE (State or foreign country): 12,	CITIZEN OF WHAT
BINDING	Supply e		4 MOTHER'S MAIDEN NAME:	
	* == 1	18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1)	. INFORMANT & ABDRESS:	
FOR	lean .	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs pany fruit	
		18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	affer way	INTERVAL BETWEEN
RESERVED	ADING s: plea	420 IMMEDIATE CAUSE (A) Coroning	disense	6 74
ESI	UNF	ANTECEDENT CAUSE (8) DUE TO		0
MARGIN F	ITH UNFAI Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
AR(WI nt.	(C)		
M	MINLY, W	TO THE DEATH BUT NOT RELATED TO THE Was taken and DISEASE OR CONDITION CAUSING DEATH.	utt, as that I don't	
/	8 .4	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY2
	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY fixet office bldg., etc.	21c. WHERE DID (City r yown) (Count INJURY OCCUR?	(State)
			21F. HOW DID INJURY OCCUR?	
	O e	22. I hereby certify that I attended the deceased from	, 19 , to , 19 . , that I last	saw the deceased
10 - 55	SE TYPE	alive on 19, and that death occurred at SIGNATURE 1/4/2 and D W. 3	M, from the causes and on the date	stated above.
		23. BURIAL, CREMATION, DATE THEREOF NAME OF COMETERY	OR CREMATORY LOCATION (City hown, or	county) (State)
A	PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Low Tel Washing	LOSS AP
2	Щ	REGISTRAR J- W.W. Ward	3 Hanzansky 4 son	Sugarel
		A CONTRACTOR OF THE PROPERTY O	3501-141	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Reg.	Dist.	No.	~	0

	O SO S CERTIFICATE	E OF DEATH Reg. Dist.	No.
legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1 +
68	COUNTY MARYLAND	STATE COUNTY	sires
-	OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY on this place)	CITY(If outside corporate limits, write RURAL at	nd give nearest town)
and	X TOWN (Line Fuderish 6 whs	TOWN Devenus	×
clearly	HOSPITAL OR INSTITUTION OR ALL THE TOTAL THE T	STREET (If runa give location)	1
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		(Last) 4. DATE (Month) (D	Day) (Year)
ath	DECEASED: (Type or Print)	OF VIA	1/ 1055
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Jo	RACE! WIDOWED DIVORCED		ays Hours Min.
	Emale white (Specify) helsuel (les)	18. 1880 J 4 yrs.	
causes	10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS)	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
an	work done during most of working life. OR INDUSTRY	Calmet 1 med vi	COUNTRY
	13. FATHER'S NAME:	Capey a ma. u	. 3.7.
the	13. PATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
9	Joseph S. Dunderland	Hannah Towler	
rit	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
write	(Yes, no, or unk.) (If Yes, give war or dates	an. 4 ()// /	1 1.1
Se	of service)	1/1 de Jummer, run	a Trelevan
please	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
D	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH.
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ns	IMMEDIATE CAUSE (A)	ma of contract	
Physicians:	ANTECEDENT CAUSE (S)	T	
1ys	DISEASES OR CONDITIONS, IF ANY. (B)		
P	STATING UNDERLYING CAUSE LAST. DUE TO		
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an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
rt	TO THE DEATH BUT NOT RELATED TO THE		
important.	DISEASE OR CONDITION CAUSING DEATH	Y	1
in	TISK, BATE OF OF ENAMON		20. AUTOPSY?
>	V_{-}		YES NO
especially	21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
Sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 IF. HOW DID INJURY OCCUR?	
	OF INJURY While While at work at work		
S.	M. at work — at noth	1 50 7/1	
age	22. I hereby certify that I attended the deceased from D/Y	74519, to /// , 190 , that I last	saw the deceased
8	alive on 1955, and that death occurred at		
دد	SIGNATURE		
rec	77 10 20 :		7/15/55
correct		o. Humegown	1 1
0	23. BURTAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
	June 1/16/55 mende	lein Claretal Trees	win my
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	REGISTRAR	i a had it blocks !	10).
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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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arefully egibly.	COUNTY Calcart MARYLAND	2. USUAL RESIDENCE
ion ca	CITY (Doutside corpy ate limits, crite RURAL LENGTH OF STAY OR and give nearost town) (in this place)	OR TOWN Carles
W Corman	HOSPITAL OR INSTITUTION OR STREET ADDRESS ALL THE THE TOTAL OF THE TOTAL OR THE TOT	STREET ADDRESS
of inf	3. NAME OF DECEASED: (Type or Print) Ruchand Winner Roll	Last)
item of d	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. BLATE WIDOWED DIVORCED. Specify):	OF BIRTH: 1908 9. AG
NG vevery causes	WORK work of working life.	11. BIRTHPLACE (State
1 2 0	13 FATHER'S NAME.	14 MOTHER'S MAIRE

11. BIRTHPLACE (State of foreign country): 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME: 17. INFORMANT & ADDRESS IN 250 INTERVAL BETWEE	01 231111	neg.	Dist. No.
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ADDRESS 4. DATE (Month) (Day) (Year) OF DEATH: DEA		mfren	
OF DEATH: OF DEATH: OF BIRTH: 1908 9. AGE last birthday IF UNDER I YEAR HOURS MIN 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA COUNTRY? 14. MOTHER'S MAIDEN NAME: 17. INFORMANT & ADDRESS IN 260 Fire of the state of t		(If rural give loca	tion)
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11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME: 17. INFOFMANT & ADDRESS IN 250 INTERVAL BETWEE	F BIRTH: 1909 9.	AGE last birthday IF UND	ER I YEAR IF UNDER 24 HRS.
14. MOTHER'S MAIDEN NAME: 17. INFORMANT & ADDRESS IN 250 Fine of INTERVAL BETWEE	18,1907	4 krs.	
Dessig Payne St. 17. INFORMANT & ADDRESS N 250 Frie J INTERVAL BETWEE	11. BIRTHPLACE (Sta	to or foreign country):	
17. INFORMANT & ADDRESS HOS AGAS IN 250 Time of INTERVAL BETWEE	14. MOTHER'S MAID	EN NAME:	
on 200 time If INTERVAL BETWEE	Dessie 8	agree	1/2
INTERVAL BEIWEE	17. INFORMANT & A	DORESS 1	
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with onset and DEAT	N Z CO	me of	INTERVAL BETWEEN
releg	alex Va		ONSET AND DEATH
	rules		

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Physicians:

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02 OR age

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TYPE

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

EVER IN U.S.

of service)

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY.

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(If Yes, give war or dates

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

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1	using	anelie sende	m

19A. DATE OF OPERATION:	198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES NO
21A. ACCIDENT WAS UNDER OR CONTRIBUTING I CALSE (IF EITHER, NOTEN MEDICAL E	RLYTOG 218. PLACE (Home, farm, factory. 21c. WHERE DO DEATH OF INJURY street, office bldg., etc. INJURY OCCUP	OLD (City of tokn) (County) (State)
our Time (Month) (Doul (Vices (House) 315 IN HIRV OCCUPRED 315 HOW DID !	NULPY OCCUPA

22.	I hereby	certify	that I attended	the deceased f	rom
	alive on		7, 19, 8	and that death	occurred a

..... , 19.... , to .. , 19 , that I last saw the deceased

t		M, from the	causes	and	on	the	date	stated	above.	
1	in	ADDRESS					DA	TE SJGN	NED	

SIGNATURE 23 BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY CREMATORY OR LOCATION (City, town, or county

Not while

16. SOCIAL SECURITY NO.

(A)

DUE TO

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DUE TO

18. MEDICAL CERTIFICATIO

BY LOCAL

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FUNERAL DIRECTOR

ADDRESS

(State)

VS. A15 — 10 - 53

PLEASE DATE REC'D REGISTRAR

OF INJURY

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06478						
	6463 CERTIFICATE OF DEATH Reg. Dist. No.						
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
and legibly	COUNTY CAMERY MARYLAND	STATE MO. COUNTY CALVERY					
l le	CITY (if outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)					
and							
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)					
clearly	STREET ADDRESS CALVERT COUNTY HOSP.	ADDRESS					
	DECEASED.	(Last) 4. DATE (Month) (Day) (Year)					
death	(Type or Print) / OSIE	W000 DEATH: July 2.5, 195-5					
of d	RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday if under 1 year ir under 24 Hrs. Months Days Hours Min.					
		28 1862 95 yrs. 11 27					
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if ferred):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME:	CALVERT CO. MO. W.S.A.					
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
	GEORGE BOWEN	ANN BUCK					
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY No. (Yes, no. or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:					
	If he of service) 720	MRS. WM. B. BOWEN HUNTING TOWN MY					
please	18. MEDICAL CERTIFICAT	MICHAGE BEIWEEN					
P.	i diseases or conditions directly leading to death	ONSET AND DEATH					
18:	IMMEDIATE CAUSE (A) CELLILOZ	ducy					
Physicians	ANTECEDENT CAUSE (S)						
ysi	DISEASES OR CONDITIONS, IF ANY, (B)						
Ph	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.						
۲:	(C)						
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
por	DISEASE OR CONDITION CAUSING DEATH.						
im	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPS11					
ly							
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)						
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work Late work at work at work Late work	2 IF, HOW DID INJURY OCCUR?					
ge	22. I hereby certify that I attended the deceased from 1/10, , 1957, to 7/25, 1957, that I last saw the deceased						
alive on, 19, and that death occurred at M, from the causes and on the date							
orrect	SIGNATURE DATE SIGNED						
COL	M. D. JCCCCCCC J.						
(REMOVAL (SPECIFY) July 27, 1985 archiver, Corneleux Barolow-Coloutto							
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS							
Truly 29, 1955 21. Hardy Q. a. Harking to muly he							
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important, Physicians: please-write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH RALTIMODE 10

MARIDAND STATE DETARMENT OF	III ALIII — DALIIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 52
1. PLACE OF DEATH: /	2. USUAL RESIDENCE (HOME) OF DECEASED:	1
COUNTY (Slower MARYLAND	STATE MA COUNTY Colo	- L
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate Minite wate RURAL an	d give nearest town)
OR and give nearest town (in this place)	OR TOWN Anderson	V
HOSPITAL OR	STREET (X rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	1.7
(Type or Print) Willow affect of	DEATH	19 -2.3
5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	The state of the s	YEAR IF UNDER 24 HRS. ays Hours Min.
100 HELLAL OCCUPATION (Circ Part of 1 105 VIND OF DISTINGES OF		CITIZEN OF WHAT
work done divine host of ork life, even if the done host of ork life,	Markey 1	COUNTRY
13. EATHERS NAME	14. MOTHER'S MAIDEN NAME:	
They have	wellyn Z askery	
15. Wes Deceased Ever In U.S. Armed Forces? 16. Social Security No.: Yes, no, or unk.) (1f Yes, give war or dates of	17. INFORMANT & ADDRESS.	11 4.7
service)	Whed from	muliudou a
18. MEDICA	AL CERTIFICATION	The same
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	The Capital California	INTERVAL BETWEEN
929.8		ONSET AND DEATH
Immediate cause (a)		
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above causo DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	roming & dear	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	1)	BO A YYMO DOWN
		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Stott, office, bldg., etc., injury	21c. (City or town) (Gounty)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	1 21. HOW DID INJURY OCCUR?	- vag
OF Not while at Not while at work Not while at work	Momma	
22. I hereby certify that I took charge of the remains describ	ped above, held an Autopsy [], Inspection []	, Inquiry [], and
find that death resulted from: Natural causes [], Accid	lent □, Suicide □, Homicide □, Undeter	rmined cause .
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
A more	M. D. ASSISTANT MEDICAL EXAM.	11412
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	Y OR CREMATORY LOCATION (City, town, or co	ounty) (State)
Nurua July 6,1782 / lealer	Comeles Trence Freder	ich ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL/DIRECTOR	ADDRESS
July 5, 1953 Atrace L. Hulehene	11 H. Skilchias Oliv	enco mad

VS. A15A - 5 - 53

